

PART B - FEE(S) TRANSMITTAL

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21171 7590 09/01/2006

STAAS & HALSEY LLP
 SUITE 700
 1201 NEW YORK AVENUE, N.W.
 WASHINGTON, DC 20005

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10/24/2006 JADD02 00000046 09855839

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|-------------------|-------------|----------------------|---------------------|------------------|
| 10/24/2006 JADD02 | 00000046 | 09855839 | 1400.00 DP | 300.00 DP |
| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 09/855,839 | 05/16/2001 | Michael J. Brunelle | 782.1104 | 9188 |

TITLE OF INVENTION: METHOD AND APPARATUS FOR MANAGING CALLS THROUGH AN ENTERTAINMENT CENTER

| | | | | | | |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 12/01/2006 |

| | | |
|------------------|----------|----------------|
| EXAMINER | ART UNIT | CLASS-SUBCLASS |
| GAUTHIER, GERALD | 2614 | 379-088170 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Staas & Halsey LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Comverse, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wakefield, MA 01880

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ Publication Fee (No small entity discount permitted)
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date October 23, 2006

Typed or printed name **Mehdi D. Sheikerz**

Registration No. **41,307**

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